

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title:	PROCESS FOR PREPARING CRYSTALLINE FORM I OF CABERGOLINE
Attorney Docket Number::	H053912.0133US0
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	IT
Status::	Full Capacity
Given Name::	Atilio
Family Name::	TOMASI
City of Residence::	Milan
Country of Residence::	IT
Street of mailing address::	Via Tommaso Gulli, 49
City of mailing address::	Milan
Country of mailing address::	Italy
Postal or Zip Code of mailing address::	20147

Applicant Authority Type::	Inventor
Primary Citizenship Country::	IT
Status::	Full Capacity
Given Name::	Stefania
Family Name::	MAGENES
City of Residence::	Melzo
Country of Residence::	IT
Street of mailing address::	Via Oreglio, 8
City of mailing address::	Melzo
Country of mailing address::	Italy
Postal or Zip Code of mailing address::	20066

Applicant Authority Type::	Inventor
Primary Citizenship Country::	IT
Status::	Full Capacity

Given Name:: Mario
Family Name:: UNGARI
City of Residence:: Milan
Country of Residence:: IT
Street of mailing address:: Via Pietro Calvi, 10
City of mailing address:: Milan
Country of mailing address:: Italy
Postal or Zip Code of mailing address:: 20129

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IT
Status:: Full Capacity
Given Name:: Giuliano
Family Name:: RAMELLA
City of Residence:: Vailate
Country of Residence:: IT
Street of mailing address:: P. le Europa, 1A
City of mailing address:: Vailate
Country of mailing address:: Italy
Postal or Zip Code of mailing address:: 26019

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IT
Status:: Full Capacity
Given Name:: Gianfranco
Family Name:: PALLANZA
City of Residence:: Milan
Country of Residence:: IT
Street of mailing address:: Via Savona, 94/A
City of mailing address:: Milan
Country of mailing address:: Italy
Postal or Zip Code of mailing address:: 20144

Correspondence Information

Correspondence Customer Number:: 001200
Phone Number:: 713-220-5800
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Representative Information

Representative Customer Number: 001200

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	CON	10/239,636	02/03/2003

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
WO	PCT/EP02/03099	03/19/2001	Yes
GB	0007308.0	03/24/2000	Yes

Assignee Information

Assignee Name:: Pharmacia Italia, S.p.A.
Street of mailing address:: Via Robert Koch, 1.2
City of mailing address:: Milan
Country of mailing address:: Italy
Postal or Zip Code of mailing address:: 20152